Agenda Item 1.3

Minutes of Healthwatch Cheshire CIC Board – Part 1

Date: 16th December 2025 Venue: Carl Ford Suite, Sension House
Time: 10am to 11am Chair: Dr Shilla Mutamba

	Part 1 – In Public	
Item	Topic	Action
	Present: Chairing the meeting: - Shilla Mutamba – SM, Board Director Kate Cernik – KC, Board Director Katrina Delargy – KD, Board Director Meaghan McCauley – MM, Board Director **Apologies:** Peter Folwell – PF, Board Director Erica Morriss – EM, Board Director Keith Roper – KR, Board Director **In attendance:** Louise Barry – LB, CEO Mark Groves – MG, Service Lead Emma McKenzie – EMcK, Admin & Finance Manager – minute taker	
1.1	**Welcome, Introductions & apologies** SM welcomed all and apologies were noted.	
1.2	**Declaration of Relevant Interest** None.	
1.3	**Minutes of previous meeting (enc) and matters arising** Notes were checked for accuracy and matters arising and agreed as an accurate record.	
1.4	**Action Log** Numbers of comments to be monitored – themes paper to be discussed.	

1.5	**CEO Report** **Service Update** LB presented her report which centred on the Healthwatch Team. **Healthwatch Future:** It is understood that when the Healthwatch contract potentially finishes, health will be assigned to the ICB and social care to the LA, however it is not known what will happen to the ICAS service as this is not a statutory function of Healthwatch. LB said we currently have the best provision of ICAS over the last ten years; two very part-time people are now providing this service. MG outlined the two Advocates' considerable experience. There are 43 complaints currently across East and West Cheshire, which is the greatest number we have had at any one time. More people are aware that ICAS exists and other people are referring complaints to us. The question was asked whether medical strikes influence the number of complaints we receive; this is not necessarily the case as consultants are generally brought into places such as A&E; however, this can have a knock-on effect with elective care following any strike. Is there a need for more ICAS cover? The two part-time posts are covered by the HW contract and the remainder of the team signpost regarding complaints wherever possible. If demand increases, we may have to work with a waiting list. **Training:** One of our Advocates is undertaking her Level 4 Advocacy training. **Activities:** The GP Access Survey Report – at the last Joint Health Overview and Scrutiny Committee the ICB cited this piece of work. The NHS require the ICB to monitor GP access and LB will give an update to the Primary Care Committee. Did Not Attend 'DNA' Diagnostic Report – LB included some service provider comments on this and the GP Access reports and asked the Board; how did these land? MM said they were good to read and definitely tracked with what LB had previously said. She was impressed with the thoroughness of the feedback. LB feels this is likely due to the relationships created over many years. KD –would like more people to hear this feedback; how can these sentiments be promoted more widely? KC – it could be disseminated for wider effect to MPs. SM found it very heartwarming to read and made her feel proud. **E&V activities** – A media release regarding a live waiting times website for Leighton Hospital was issued as a direct response to our E&V recommendations. In the last few weeks, LB and MG have been to Macclesfield and Leighton hospitals to check on the use of the Redlines Toolkit	

	for 'corridor care'. Cleanliness, care and compassion were evident in both locations. They also looked at the corridor care at the Countess which is predominantly being given within SDEC – they were impressed as the care and comfort aspect of these temporary spaces had been well catered for. It felt as though there had been a culture change. When we visited in September we spoke to the senior team on site to feed back. They had been working on an action plan from our July visit. They welcomed our visit. Personal visits to A&E have also shown that care and compassion is foremost. The use of the term 'corridor care' rather than 'temporary escalation spaces' was discussed.	
1.6	**Comment Themes** MG – quarterly comments will vary depending on whether or not we've been into the hospitals. During the summer when we're doing more general engagement there is likely to be a wider spread of comment subjects. Patients always comment on how good the care is that they receive and the attitude of staff. Car parking will always be complained about. There has been a drop in dental comments, and this tallies with more dental 'units' being available in Cheshire. It was confirmed that all comments received are linked together and sent to the service provider. If a comment is particularly poor, we can follow this up with the provider. Will this be useful for examining trends? Yes, and we have created a survey to be used by the 9 C&M HW regarding trends of comments received. If several comments have been received regarding the same care home, even if good, this would instigate an E&V visit. KD suggested creating a word cloud on a quarterly basis to show trends. Sentiment analysis was discussed and how the free flow nature of comments generally received can make this difficult.	
1.7	**Any Other Business** LB has learnt that as part of the NHS' move to digital an online NHS Trust will be developed; to develop this new Trust the government will have to consult with HW. The document will be circulated to gather Board members' opinions on it.	**LB to circulate NHS Online Trust document**
Next meeting – 17th March 5pm to 6pm – Online		